Complete Summary

GUIDELINE TITLE

Substance abuse treatment for adults in the criminal justice system.

BIBLIOGRAPHIC SOURCE(S)

Peters RH, Wexler HK. Substance abuse treatment for adults in the criminal justice system. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2005 Sep 12. 332 p. (Treatment improvement protocol (TIP); no. 44).

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Substance use disorders (substance abuse)

Note: The term "substance abuse" is used to denote both substance abuse and substance dependence as they are defined by the Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision (DSM-IV-TR).

GUIDELINE CATEGORY

Counseling
Evaluation
Management
Risk Assessment

Screening
Treatment

CLINICAL SPECIALTY

Psychiatry
Psychology

INTENDED USERS

Health Care Providers
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

To provide recommendations and best practice guidelines to counselors and administrators for the management of adults in the criminal justice system with substance use disorders

TARGET POPULATION

Adults in the criminal justice system with substance use disorders

INTERVENTIONS AND PRACTICES CONSIDERED

Screening and Assessment

1. Screening areas (substance use, criminal involvement, physical health, mental health)
2. Screening tools (drug tests, past treatment and correctional records, police reports, self review)
3. Assessment of co-occurring mental disorders
4. Assessment of patient history of trauma, physical or sexual abuse
5. Assessment of detoxification needs
6. Assessment of severity of substance use disorder and patient readiness for treatment
7. Assessment of risk of violence
8. Screening of specific populations (racial and ethnic minorities, offenders with co-occurring mental disorders)

Management/Treatment

1. Treatment planning
2. Pretreatment services
3. Outpatient treatment
4. Inpatient treatment and residential care
5. Triage and placement strategies
6. Consideration of potential barriers to triage and placement

7. Instruments to collect information for triage and placement
8. Detoxification
9. Clinical strategies
    - Addressing basic needs
    - Addressing criminality
    - Addressing anger and hostility
    - Addressing identity issues
    - Addressing denial
    - Addressing resistance
    - Addressing guilt, shame, and stigma
    - Establishing boundaries
    - Creating a therapeutic alliance
    - Designing treatment to reflect the stages of change
10. Program components and strategies
    - Engagement
    - Effective use of coercion at the program level
    - Retention in treatment
    - Prosocial activity
    - Staff modeling accountability
    - Peer support and feedback
    - Program phasing
    - Self-management skills--relapse prevention
    - Spiritual approaches
11. Treatment of specific populations
    - Cultural minorities
    - Women
    - Men
    - Violent offenders
    - Sexual orientation
    - Individuals with cognitive/learning, physical, and sensory disabilities
    - Older adults
    - Clients from rural areas
    - People with co-occurring substance use and mental disorders
    - People with infectious diseases
    - Sex offenders
12. Treatment issues specific to pretrial and diversion settings, jails, prisons, offenders under community supervision

MAJOR OUTCOMES CONSIDERED

- Sensitivity and specificity of screening tests
- Adherence to treatment
- Relapse rate
- Recidivism rate
- Cost benefit of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

After selecting a topic, the Center for Substance Abuse Treatment (CSAT) invites staff from pertinent Federal agencies and national organizations to a Resource Panel that recommends specific areas of focus as well as resources that should be considered in developing the content for the Treatment Improvement Protocols (TIP). Then recommendations are communicated to a Consensus Panel composed of experts on the topic who have been nominated by their peers. This Panel participates in a series of discussions; the information and recommendations on which they reach consensus form the foundation of the Treatment Improvement Protocols. The members of each Consensus Panel represent substance abuse treatment programs, hospitals, community health centers, counseling programs, criminal justice and child welfare agencies, and private practitioners. A Panel Chair (or Co-Chairs) ensures that the guidelines mirror the results of the group's collaboration.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Program administrators are routinely required to provide evidence that monies are spent effectively. The literature indicates that treatment has cost benefits in certain settings. Positive cost-offset results (savings down the road) have been demonstrated from treatment through specific approaches, such as drug courts. Similar results have been shown for treatment in prison settings.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

A large and diverse group of experts closely reviews the draft document (see Appendix G of the original guideline document for a list of field reviewers). Once the changes recommended by these field reviewers have been incorporated, the Treatment Improvement Protocol (TIP) is prepared for publication, in print and online.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

What follows is the executive summary of the guideline; for more detailed information on the recommendations, please see the original guideline document.

Screening and Assessment

A vital first step in providing substance abuse treatment to people under criminal justice supervision is to identify offenders in need of treatment. In the criminal justice system, screening often is equated with "eligibility," and assessment often is equated with "suitability." To do this effectively, the consensus panel recommends that protocols be developed to determine which offenders need substance abuse treatment, assess the extent of their treatment needs, and ensure that they receive the treatment they need. Obtaining accurate and reliable information during screening and assessment can be a challenge; offenders do not always accurately report drug or alcohol problems. Other collateral sources of information (e.g., drug test results, correctional records) can be combined with self-report information to make referral decisions. For example, in many correctional facilities, urine tests are used to flag the need for treatment--even when an offender denies recent substance abuse.

Many offenders who abuse substances have co-occurring mental disorders that can make treatment more complex. They should therefore be screened for other psychological or emotional problems. Offenders who are initially assessed as having symptoms of co-occurring disorders should be evaluated over an extended period of time to determine whether these symptoms resolve in the absence of substance use.

A significant number of offenders who abuse substances also have histories of trauma and physical or sexual abuse. Screening and assessment of a history of physical and sexual abuse should be conducted routinely, particularly in settings that include female offenders. Staff training is needed to develop effective interviewing approaches related to the history of abuse, counseling approaches for addressing abuse and trauma issues, and in making referrals to mental health services.

Triage and Placement in Treatment Services

Information obtained in screening and assessment is used to place offenders in the treatment program that is best suited to their needs. More offenders can receive appropriate treatment if a range of substance abuse treatment options is provided in criminal justice settings, particularly in institutions and community settings where offenders are supervised for long periods of time. In addition to key information regarding substance abuse problems, risk for criminal recidivism, and mental health problems, triage and placement decisions also should consider the offender's motivation and readiness for change, the length of sentence or incarceration, history of previous treatment, violence potential, and other related security or management issues. The consensus panel recommends that in general, offenders who have moderate-to-high levels of substance abuse problems and criminal risk should be prioritized for placement in substance abuse treatment services, rather than in other types of institutional programs.

Treatment Planning

After placement, a treatment plan is developed that specifies which services the offender-client needs, at what level of intensity, and which of the available resources (e.g., personal, program-based, or criminal justice) will be most beneficial. The treatment plan takes into consideration the severity of substance abuse-related problems and the presence of co-occurring mental disorders because these influence the treatment approach. Also important are factors such as criminal attitudes and psychopathy, which may suggest persistent criminality unrelated to the need to maintain a drug habit. The degree to which an individual is motivated and ready for change is another critical factor that will determine whether motivational enhancement interventions, sanctions, or more self-directed treatments are appropriate. Finally, personal strengths are taken into account in planning. The offender should be involved in the treatment planning process.

The most effective treatment programs have the resources necessary for comprehensive assessment and treatment planning activities including adequate staffing, clerical support, and access to computers and management information systems that contain information regarding the offender. Mechanisms for sharing information among agencies will expedite treatment as clients move through the criminal justice system. For example, monitoring, consultation, and written agreements are needed to define the types of information that will be shared, with whom, and under what circumstances. Procedures that ensure the smooth and timely flow of relevant information will enable staff to proceed with treatment without interruption. Effective management information systems allow for access to clinical information as well as other offender data. At the same time, however, confidentiality regulations require that clinical information be maintained

separately from the corrections or supervision case files, and access to clinical files be restricted to staff who have primary clinical responsibilities.

Major Treatment Issues and Approaches

Clients under criminal justice supervision share many of the same clinical issues faced by others receiving substance abuse treatment, but some are unique. For example, many offenders have problems with the very issues that brought them to the attention of law enforcement, particularly, criminal thinking and values. These clients often have problems dealing with anger and hostility and have the stigma of being criminals, along with the guilt and shame that accompany this stigma. Their identity as criminals may need to be offset by exposure to more prosocial values and identities such as those of family member and wage earner.

Adapting Offender Treatment for Specific Populations

General clinical strategies for working with offender-clients include interventions to address criminal thinking and to provide basic problem solving skills; however, substance abuse treatment approaches should be modified to meet specific client needs. Because of their histories or life experiences, certain populations are recognized as having somewhat different treatment needs. For example, people from cultural minorities have had different stresses from those in the majority culture. Women are more likely to have been traumatized by physical and sexual abuse than men and to have urgent concerns about their children. Offenders with co-occurring substance use and mental disorders need help that integrates treatment for both. Other groups with specific needs include older adults, violent offenders, people with disabilities, and sex offenders.

Treatment Issues Specific to Pretrial and Diversion Settings

Treatment varies not only because of the specific population to which an offender belongs but also because of a client's stage in the criminal justice system. After arrest and before trial, a large number of individuals move relatively quickly through the system, and many different agencies are involved with each case and its supervision. If offered, the offender may opt for treatment instead of formal charges, trial, sentencing, incarceration, or to reduce the length of incarceration.

Variations in local prosecution and diversion practices may affect a jurisdiction's ability to develop criminal justice and treatment linkages. Not all jurisdictions have established procedures or programs for individuals who abuse substances; those jurisdictions that do have programs to treat offenders often maintain such programs with limited resources. However, the pressure of overcrowded jails and prisons is serving to expand and institutionalize programs for drug treatment in pretrial and diversion settings nationwide. Still, outside of formal drug court and diversion programs, treatment access is limited. Types of treatment used in the pretrial setting are necessarily brief and include brief motivational interventions, behavior contracts, and referrals to detoxification and other services. A variety of sanctions also are available.

In the pretrial setting, the question of an individual's guilt or innocence has not been legally determined. It is vitally important, therefore, to note that treatment should not compromise the due process rights of defendants. Treatment

professionals need to bear in mind the presumption of innocence that exists during the pretrial period. Defendants' due process rights affect what they are willing to agree to and the type of information that they are willing to disclose. Defendants should not be coerced into waiving due process rights, although a court may order substance abuse treatment as a condition of pretrial release.

Treatment Issues Specific to Jails

Those incarcerated in jails are undergoing significant stress related to arrest, the uncertainties of their legal situation, and the potential loss of their job or custody of their children. Appropriate treatment services for these individuals are based on the expected duration of incarceration and the information obtained from screening for a variety of possible problems. Brief treatment (less than 30 days) usually focuses on supplying information and making referrals but can include motivational interviewing. Short-term programs (1 to 3 months) have the time to work on communication, problem solving, and relapse prevention skills; introduce anger management techniques; and encourage participation in self-help groups. Longer term programs (3 months to 1 year) can provide additional skills training, vocational, and educational activities, and examine criminal thinking errors. The consensus panel recommends that jail staff implement discharge planning that includes gathering information regarding the need for a range of community services, including housing and health care.

Treatment Issues Specific to Prisons

The unique characteristics of prisons have important implications for developing and implementing treatment programs. In-prison drug abuse treatment, particularly when followed by community-based continuing care treatment, has been credited with reducing short-term recidivism and relapse rates among offenders who are involved with drugs. More recently, the sustained effects on longer term outcomes have been documented by studies indicating that 9 to 12 months of prison treatment followed by at least 3 months of community treatment are needed to produce significant improvement and reductions in recidivism and relapse. Because of the comparative stability of the prison population, several treatment options of differing intensities can be made available. The full range of services can be offered, including comprehensive assessment; treatment planning; placement; group, individual, family, and specialty group counseling; self-help groups; educational and vocational training; and planning for transition to the community. Therapeutic communities (TCs) are among the most successful in-prison treatment programs. They are highly structured, hierarchical, and intense interventions lasting a minimum of 6 months. TC participants live together, often separate from the general prison population, and take responsibility for their recovery process. Participants work at increasingly more responsible positions as they learn self-sufficiency and become competent.

Treatment for Offenders Under Community Supervision

Parolees and probationers are both under community supervision; nonetheless, they generally represent different ends of the criminal justice continuum. Whereas parolees are serving a term of conditional supervised release following a prison term, probationers are under community supervision instead of a jail or prison term. Both parolees and probationers generally can be controlled and managed

effectively by a combination of treatment and surveillance while under community supervision at a far lower cost than incarceration in jail or prison. The level of supervision varies according to individual circumstances, including the terms under which probation or parole was granted. Offenders under community supervision in urban areas who have substance use disorders have available several levels treatment and supervision, including residential, outpatient, halfway, and day reporting centers. Parolees may have difficulty meeting their basic needs when they are released and benefit from case management services to help with housing and employment. Reunification with family members and social support may also prove problematic.

Relapse prevention is extremely important for those under community supervision. Relapse, which is not unusual, can be met by increased supervision and an intensification of the level of treatment. Likewise, the intensity of supervision and treatment should decrease as the individual meets treatment goals. For both parolees and probationers, reassessment should be periodically conducted throughout the phase of community supervision. Following their contact with the criminal justice system, both parolees and probationers benefit from continuing contact with the substance abuse treatment system as a means of reducing relapse and recidivism.

Key Issues Related to Program Development

Offender-clients will best be served by substance abuse treatment and criminal justice systems that are working together to help them in recovery and in becoming law-abiding citizens. This requires leaders in both systems who promote their mutual goals, endorsement for mutual goals from leaders, clarification of the goals, and recruitment of stakeholders in pursuit of the goals. The challenge for substance abuse treatment practitioners and criminal justice professionals is to work together to provide a coordinated response to ensure that offenders' needs are addressed while protecting public safety.

CLINICAL ALGORITHM(S)

The following clinical algorithms are provided in the original guideline document:

- Placement and Triage Strategies
- Substance Abuse Treatment Planning Chart for Treatment-Based Drug Courts
- Center for Substance Abuse Treatment (CSAT) Criminal Justice Treatment Planning Chart

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated. A major goal of each Treatment Improvement Protocol (TIP) is to convey "front-line" information quickly but responsibly. For this reason, recommendations proffered in the Treatment Improvement Protocol (TIP) are attributed to either Panelists' clinical experience or the literature. If research supports a particular approach, citations are provided.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

This Treatment Improvement Protocol aims to provide tools and resources to increase the availability and improve the quality of substance abuse treatment to criminal justice clients. It should assist the criminal justice system in meeting the challenges of working with offenders with substance use disorders and encourage the implementation of evidence-based clinical approaches to treatment.

Other guiding principles of this publication are to:

- Provide the relevant information that will inform and enable treatment providers to feel more confident in their approach to offender and ex-offender populations
- Help people in community treatment understand the criminal justice system and how it works in step with their treatment services
- Encourage collaboration between the criminal justice and treatment communities
- Help readers understand the multiple perspectives that often lead to confusion and misunderstandings--public safety versus public health, treatment versus corrections, differing client needs, issues of culture and society, and local characteristics of the criminal justice system
- Provide practical solutions and approaches to complex problems

Effective collaboration between the criminal justice and substance abuse treatment systems can result in better treatment for offenders and, ultimately, a reduction in crime. When available and effectively implemented, substance abuse treatment programs can reduce recidivism, reduce substance use, and help offenders to change their lives.

POTENTIAL HARMS

There is a risk that treatment could become overly coercive and susceptible to charges of cruel and unusual punishment. It is important that participants in treatment be offered the opportunity to leave the program after a minimum time period (e.g., 90 days). The use of experienced outside contractors and recovering staff can help reduce the mistrust.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The opinions expressed herein are the views of the Consensus Panel members and do not necessarily reflect the official position of Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), or Department of Health and Human Services (DHHS). No official support of or endorsement by the Center for Substance Abuse Treatment, the Substance Abuse and Mental Health Services Administration, or Department of Health and Human Services for these opinions or for particular instruments,

software, or resources described in this document are intended or should be inferred. The guidelines in this document should not be considered substitutes for individualized client care and treatment decisions.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An important thread running throughout this Treatment Improvement Protocol (TIP) is the interdependence of criminal justice and substance abuse treatment systems, which influence what program activities are undertaken and how they are implemented. The members of the TIP consensus panel feel strongly that effective collaboration between the criminal justice and substance abuse treatment systems can result in better treatment for offenders and, ultimately, a reduction in crime. When available and effectively implemented, substance abuse treatment programs can reduce recidivism, reduce substance use, and help offenders to change their lives. The guiding notion in Chapter 11 ("Key Issues Related to Program Development") of the TIP is to provide thoughtful consideration of key issues that frame effective programming and coordination.

Chapter 11 is primarily aimed at program administrators, although counselors will benefit from reading it as well. The chapter presents information on issues such as reconciling the goals of the criminal justice and substance abuse treatment systems; the interdependence of the two systems and how to collaborate effectively; program-level coordination, including barriers to coordination and solutions, and integrating criminal justice and substance abuse treatment; research and evaluation issues; cost issues; and conclusions.

Please refer to Chapter 11 of the TIP for full details.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Chart Documentation/Checklists/Forms
Clinical Algorithm
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Peters RH, Wexler HK. Substance abuse treatment for adults in the criminal justice system. Rockville (MD): Substance Abuse and Mental Health Services Administration (SAMHSA); 2005 Sep 12. 332 p. (Treatment improvement protocol (TIP); no. 44).

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Sep 12

GUIDELINE DEVELOPER(S)

Substance Abuse and Mental Health Services Administration (U.S.) - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Treatment Improvement Protocol (TIP) Series 44 Consensus Panel

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the National Library of Medicine Health Services/Technology Assessment (HSTAT) Web site. Also available in Portable Document Format (PDF) from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) Web site.

Print copies: Available from the National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852. Publications may be ordered from NCADI's Web site or by calling (800) 729-6686 (United States only).

AVAILABILITY OF COMPANION DOCUMENTS

A variety of implementation tools can be found in the original guideline document, including audit criteria in Chapter 11, a sample client's recovery plan in Chapter 4, and Advice to the Counselor boxes throughout the guideline.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on August 22, 2005. The information was verified by the guideline developer on September 7, 2005.

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Date Modified: 9/25/2006